Case 18-10069-mdc Doc 112 Filed 10/27/20 Entered 10/27/20 12:32:05 Desc Main Document Page 1 of 2

Fill	in this information to identify your	case:								
Del	btor 1 Crystal Y.	Light			_					
	btor 2 ouse, if filing)									
Uni	ited States Bankruptcy Court for the	ne: EASTERN DISTRICT	OF PENNSYLVANIA							
Ca	se number 18-10069				Chec	k if this is:				
(If kı	nown)					An amended filing				
_						A supplement showing postpetition change 13 income as of the following date:				
0	fficial Form 106I				MM / DD/ YYYY					
S	chedule I: Your Inc	come								12/1
atta	use. If you are separated and you che a separate sheet to this form	. On the top of any addit								
1.	Fill in your employment information.		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed				☐ Employed			
		Linployment status	☐ Not employed				☐ Not employed			
		Occupation	Caseworker (Furloughed) Department of Public Welfare							
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include studen or homemaker, if it applies.	Employer's address	Philadelphias, PA							
		How long employed t	there?							
Pai	rt 2: Give Details About M	0 . ,								_
Esti	imate monthly income as of the use unless you are separated.	•	you have nothing to rep	oort for	any	line, write	s \$0 in the	space. Inc	lude your non-fi	iling
	ou or your non-filing spouse have re e space, attach a separate sheet		ombine the information	for all e	emplo	oyers for	that perso	n on the lir	nes below. If you	u need
			For D			For Del	For Debtor 2 or non-filing spouse			
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly ove	rtime pav.		3.	+\$		0.00	+\$	N/A	

Calculate gross Income. Add line 2 + line 3.

0.00

N/A

Deb	otor 1	Crystal Y. Light	_	Case	e number (if known)	18-10)069	
	Cor	by line 4 here	4.	Fo \$	r Debtor 1		Debtor 2 or -filing spouse N/A	
5.	-	t all payroll deductions:	٠.	Ψ_	0.00	Ψ	N/A	
Э.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$ _	0.00	\$ 	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	N/A	
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$ _	0.00	\$ 	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$_ \$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	1,192.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify: Anticipated pro-rated tax refund based on prior return	8h.+	\$	55.00	+ \$	N/A	
		P.T. job net income	_	\$	1,950.00	\$	N/A	
		Income contribution from roommate (starting 02/2018)		\$	450.00	\$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	3,647.00	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,647.00 + \$		N/A = \$;	3,647.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify:	r depen				Schedule J. 11. +\$	0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certallies						3,647.00
13.	Do	you expect an increase or decrease within the year after you file this form	1?				monthly	
		No. Yes. Explain:						
		I VVI EARIUITI						